PTO/SB/22 (06-04)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(| a) Docket Number (Optional) 10454-022001/P-4190-4 | | |
|---|--|------------------------|--|
| Application Number 09/944,788 | Filed August 31, 200 | 1 | |
| For PROBABILISTIC ALERT CORRELATION | | | |
| Art Unit 3621 | Examiner Cristina O. | Sherr | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | | |
| Fee | Small Entity Fee \$55 | \$ <u>110</u> | |
| ☑ One month (37 CFR 1.17(a)(1)) \$110 | | | |
| Two months (37 CFR 1.17(a)(2)) \$430 | \$215 | \$ | |
| ☐ Three months (37 CFR 1.17(a)(3)) \$980 | \$490 | \$ | |
| Four months (37 CFR 1.17(a)(4)) \$1530 | \$765 | \$ | |
| ☐ Five months (37 CFR 1.17(a)(5)) \$2080 | \$1040 | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0782</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| ∤ am the ☐ applicant/inventor. | | | |
| assignee of record of the entire interest. See 37 CFR 3.71 | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| ☑ attorney or agent of record. Registration Number 39,400 | | | |
| attorney or agent under 37 CFR 1.34(a). | | | |
| Registration number if acting under 37 CFR 1.34(a) | | | |
| 1.114 | | | |
| October 18, 2004 | | | |
| Signature Kin-Wah Tong, Esq. | Date (732) 530-9404 | Date (732) 530-9404 | |
| Typed or printed name | Telephone Number | | |
| NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| ☐ Total of forms are submitted. | | | |